



QUALITY  
INTEGRITY  
INNOVATION

*Roofing and Construction Specialists*

## Authorization Agreement

The undersigned hereby authorizes NTBS, Inc to discuss and confirm on my behalf any information pertaining to my claim with \_\_\_\_\_ Insurance Company.

Upon settlement of my insurance claim, I hereby authorize NTBS, Inc to proceed with repairs to my property per our contract.

I understand that NTBS, Inc charges are not to exceed the insurance settlement, other than my deductible.

NTBS, Inc may clarify my claim and confirm that I will receive payment from insurance company.

This agreement cannot be cancelled once work or negotiations with the insurance company has commenced except by mutual written agreement of the parties.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Insurance Claim \_\_\_\_\_

Signature (Homeowner) \_\_\_\_\_

Date \_\_\_\_\_

Representative \_\_\_\_\_